



2006 - 2007 Insurance Open Enrollment

Annual Open Enrollment Begins August 14, 2006!

The Open Enrollment period for State-Sponsored Group Insurance plans will be conducted from **August 14 through August 31, 2006**.

The effective date for new enrollments and changes will be October 8, 2006.

The annual Open Enrollment period is your opportunity to review your current enrollments and make any necessary changes. Changes can only be made during open enrollment or within 31 days of a life event.

Your benefit choices will continue for the 2006-2007 fiscal year if no changes are made.

Please review the Employee Benefits Bulletin included with this mailing which outlines negotiated changes in current State-Sponsored Group Insurance plans.

Eligible employees can enroll or change their current enrollments in the health, dental, vision, life insurance and/or long-term disability plans.

Employees should also review their current enrollments to add eligible dependents or remove ineligible dependents.

Important!

Please carefully review current dependent enrollment information to be sure your enrolled dependents meet eligibility criteria (see Page 4). If you do not need to add/remove a dependent and you want to keep your current benefits, you do not need to do anything.

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5 Easy Steps to Complete Your Open Enrollment On-Line!

Log in to your MI HR Self-Service account at www.michigan.gov/selfserv and click the "Open Enrollment" button.

See Page 3 for more details.

Need Help?

If you have open enrollment questions, do not have access to the Internet, or need assistance, please contact the MI HR Service Center toll free at **(877) 766-6447**.

Customer Service Representatives are available 7:00 a.m. to 6:00 p.m., Monday through Friday.





Open Enrollment Information Available On-Line

All open enrollment information is available on the Internet on the Employee Benefits Website at www.michigan.gov/mdcs.

You can also view open enrollment information that is tailored to you and your employment situation by logging in to your MI HR Information account at www.michigan.gov/selfserv. Click "Log into MI HR Information".

MI HR Information provides easy access to insurance rates, benefit comparison charts,

benefit booklets, beneficiary forms, health provider websites, mailing addresses, and phone numbers.

Once logged in, check out the Hot Topics area or click "My Benefits Enrollment" from the left menu, then click the "Open Enrollment" link.

Information is also available on the State Police intranet at <http://mspweb.state.mi.us>. Click the "Divisions/Districts" link, then "Human Resources Division".

Open Enrollment Timeline and Checklist

8/14/06: Open enrollment for State-sponsored group insurances begins.

- ☐ Review current benefits in your Self-Service account.
- ☐ Review plan rates on pages 6-8 and the HMO zip code eligibility list included in this mailing. If you will be changing health plans, check to see that your doctors are participating providers.
- ☐ Review current dependent coverage to be sure enrolled dependents meet eligibility criteria listed on page 4.
- ☐ Make changes to coverages or dependents.
- ☐ Print and retain confirmation statement.

8/31/06: Open enrollment ends, all changes must be entered by midnight.

10/2/06: Dependent proof of eligibility documentation due to MI HR Service Center, if adding new dependents.

10/8/06: FY 2006-2007 benefit year begins. New rates and changes made during open enrollment take effect.

10/19/06: Review payroll earnings statement using MI HR Self-Service to verify changes.

The HIPAA Notice of Privacy Practices for the benefits plans is available at the Department of Civil Service Website at www.michigan.gov/mdcs under the Employee Benefits link. You may also contact the Employee Benefits Division at (800) 505-5011.

New HMO Available 10/8/06



Effective October 8, 2006, a new HMO, McLaren Health Plan, will be available to employees who live in Bay, Clinton, Eaton, Genesee, Ingham, Ionia, Lapeer, Ogemaw, and Shiawassee Counties.

Please review the enclosed HMO zip code chart to check your eligibility for this new HMO. This HMO is not authorized to accept employees in bargaining units W22 and W41 (UAW).



Completing Open Enrollment in MI HR Self-Service

All Open Enrollment changes must be entered in your MI HR Self-Service account.

Access to your account is available seven days a week via the Internet/intranet, except during regular scheduled maintenance. The maintenance schedule is available to view on the MI HR Gateway page at www.michigan.gov/selfserv. Click on "System Availability".

If you have lost or forgotten your MI HR Self-Service password, you can reset it at www.michigan.gov/selfserv by selecting the "Password Help" link, or e-mail Self-Serv-Support@michigan.gov.

If you do not have access to a computer, contact the MI HR Service Center at (877) 766-6447 to enroll by telephone, Monday through Friday from 7:00 a.m. to 6:00 p.m.

Log in to your MI HR Self-Service account at www.michigan.gov/selfserv. Click the "Self-Service" link. At the Welcome Page, click the "Open Enrollment" button at the top of your screen. Follow Steps 1 through 5 below to complete your enrollment.

Step 1: Review Your Current Benefits

Click the "Review Current Benefits" link from the left menu. **If you do not need to add/remove a dependent and want to keep your current benefits, you do not need to complete open enrollment.**

Step 2: Review Plan Rates & Your FY 2006-2007 Benefit Options

Review plan rates outlined in this brochure, your benefit options, and the HMO zip code list at www.michigan.gov/mdcs or click "Review Benefit Options" from the left menu.

Step 3: Review/Add Dependents

If you do not have any dependents (spouse or children), skip to Step 4.

To view and/or add dependent information, click the "Review/Add Dependents" link from the left menu. New dependents can be added through your MI HR Self-Service account. Once the new dependent information has been added, proceed to Step 4 for the enrollment process. If you add new dependents to your insurance coverage, you must send proof of dependent eligibility (see Page 5) to the MI HR Service Center by October 2, 2006 for the enrollment to be valid. If a dependent no longer meets the definition of an eligible dependent (see Page 4), they must be removed from your insurance coverage.

Adding or removing dependents could require a coverage option change. Coverage option changes can be made during the benefit selection process by clicking on "Change the Coverage" in your MI HR Self-Service account.

Step 4: Make Your Benefit Selections

If you are adding or removing dependents from your insurance coverage, you must make all necessary changes to dependent information *before* making your benefit selections (see Step 3). Click the "Make Benefit Selections" link from the left menu.

To conclude the enrollment process, you will be prompted to print a confirmation statement. You must select either "Yes" or "No" and receive the "Your enrollment has been successful" message to save your changes. Changes will not be recorded if you exit the system before receiving this message. Please note that this will be the only confirmation statement you will receive. The effective date for new enrollments and any changes will be October 8, 2006.

Step 5: Mail or Fax Documents to the MI HR Service Center

If you add new dependents to your insurance coverage, you must mail or fax the appropriate proof of eligibility documentation to the MI HR Service Center by October 2, 2006, for the enrollment to be valid. See Page 5 for a list of valid documents or click the "Submit Documentation" link from the left menu. Please note that documents will not be returned to you, so please submit copies of your documents.

Dependent Eligibility Guidelines

Dependent Coverage

Eligible dependents include your spouse and any of your unmarried children until the day before they turn 19. In addition to being unmarried, children must meet the following conditions to be considered eligible. They must be:

- Your child by birth, legal adoption, or legal guardianship.
- In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation.
- Step-child for whom you have physical custody (i.e., the step-child lives with you at least 50% of the time as stated in a current divorce decree) and for whom you provide at least 50% of their support.
- Foster child placed in your home by a state agency or the court.
- Your children from the age of 19 until the age of 25 who are enrolled in an accredited educational institution and for whom you provide at least 50% of their support.

Continuing Coverage for Incapacitated Children

Incapacitated children are those who are unable to earn a living because of mental retardation or physical disability and must depend on their parents for support and maintenance.

If your enrolled dependent is an incapacitated child, your coverage for this child will continue beyond age 19 as long as:

- he or she became incapacitated before age 19,
- documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19,
- the child continues to be incapacitated, and
- your coverage does not terminate for any other reason.

Dependent Exclusions

You cannot claim a dependent on your coverage if he or she is:

- In the Armed Forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective with the date of active duty orders.
- Already covered on another State of Michigan Health Plan. No person can be covered on more than one State of Michigan Health Plan. If you choose to maintain separate coverage, your children can only be listed on one plan, not both. This applies even if you are divorced.

Dual Eligibility

If you and your spouse are both covered by State Health Plans (retiree or active, including State-sponsored HMO options) you may:

- Maintain separate coverage through your individual plans.
- Enroll in one plan, with one of you as a dependent.

If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.

Dependent Life Insurance

Eligible dependents are unmarried children between the ages of 14 days and 23 years for whom you provide at least 50% of their support, and are not required to be enrolled in school. Your spouse is also eligible if they are not a state employee or state retiree.

Canceling Dependent Coverage

To cancel your dependent coverage when they no longer meet the definition of an eligible dependent, you must immediately notify the MI HR Service Center. Ex-spouses are not eligible for coverage.

**If you have any questions regarding eligibility of your dependents,
please contact the MI HR Service Center at:**

(877) 766-6447

Required Documentation for Dependents

The documents listed below can be used to prove dependent eligibility for insurance coverage. Documentation must be mailed or faxed to the MI HR Service Center by October 2, 2006. Please note that documents will not be returned to you, so please submit copies of your documents.

A. Required Documentation for Children Ages Birth Until 19

Specific Circumstance	Required Documentation
Biological child	Copy of an official birth certificate (not hospital birth certificate).
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement.
Employee has legal guardianship	Copy of guardianship papers.
Employee's minor child has a baby	Copy of an official birth certificate (not hospital birth certificate).
Employee has foster child	Court document placing the child in the employee's home for foster care.
Employee has step-child	A copy of the first and last pages of the most current divorce decree of the employee's spouse, stamped by court, and any language about custody; and a copy of an official birth certificate (not hospital birth certificate).

B. Required Documentation for Children Ages 19 Until 25

Specific Circumstance	Required Documentation
Employee has a dependent who is unmarried, dependent on the employee for at least 50% of his/her support, and is a student who regularly attends an accredited school. School verification is not required for dependent life insurance.	The required documentation outlined in Section A, and a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, and school registration or other records proving school attendance. * Forms are available at www.michigan.gov/mdcs
In the case of children of divorced spouses or step-children, the child must be an unmarried student who regularly attends an accredited school and is dependent on the employee for at least 50% of his/her support. School verification is not required for dependent life insurance.	The required documentation outlined in Section A, and a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, and a copy of school registration or other records proving school attendance. * Forms are available at www.michigan.gov/mdcs

C. Required Documentation for Other Circumstances

Specific Circumstance	Required Documentation
Spouse	Copy of marriage certificate.
Removing ex-spouse, dependent/step-children due to a divorce	Copy of the first and last page of the divorce decree stamped by the court.
Incapacitated dependent child	No documentation is required for children who have already been
Deleting dependent coverage due to death	Copy of death certificate.
Dependent Life Insurance Coverage only	Copy of official birth certificate (not hospital birth certificate).

Department of Civil Service, Employee Benefits Division

FY 2006-2007 GROUP INSURANCE PREMIUM RATES

(Effective October 8, 2006)

PLAN NAME/CODE		BIWEEKLY REGULAR GROUP		BIWEEKLY DROP GROUP *1	
	Option *2	Employee	State	Employee	State
	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
State Health Plan PPO	1	\$ 0	\$ 226.76	\$ 13.82	\$ 269.58
	2	\$ 0	\$ 453.52	\$ 28.34	\$ 538.45
	3	\$ 0	\$ 399.09	\$ 17.85	\$ 339.12
	4	\$ 0	\$ 625.84	\$ 32.81	\$ 623.33
Employee or Spouse with Medicare	5	\$ 0	\$ 215.42	\$ (n/a)	\$ (n/a)
	6	\$ 0	\$ 430.84	\$ (n/a)	\$ (n/a)
	7	\$ 0	\$ 379.14	\$ (n/a)	\$ (n/a)
	8	\$ 0	\$ 594.55	\$ (n/a)	\$ (n/a)
Catastrophic Health Plan	1	\$ 0	\$ 15.81	\$ (n/a)	\$ (n/a)
Employees in the Catastrophic Health Plan will receive a	2	\$ 0	\$ 31.62	\$ (n/a)	\$ (n/a)
\$50 rebate with each paycheck beginning October 19, 2006.	3	\$ 0	\$ 31.62	\$ (n/a)	\$ (n/a)
	4	\$ 0	\$ 31.62	\$ (n/a)	\$ (n/a)
Decline Health Insurance Coverage *3	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
Blue Care Network, Mid-Michigan	1	\$ 0	\$ 192.45	\$ 69.95	\$ 269.58
	2	\$ 0	\$ 384.90	\$ 140.60	\$ 538.45
	3	\$ 0	\$ 338.71	\$ 88.68	\$ 339.12
	4	\$ 0	\$ 531.17	\$ 164.37	\$ 623.33
Blue Care Network, East Michigan	1	\$ 0	\$ 183.51	\$ 36.31	\$ 269.58
	2	\$ 0	\$ 367.02	\$ 73.33	\$ 538.45
	3	\$ 0	\$ 322.98	\$ 46.29	\$ 339.12
	4	\$ 0	\$ 506.48	\$ 86.33	\$ 623.33
Blue Care Network, Great Lakes West	1	\$ 0	\$ 191.26	\$ 51.77	\$ 269.58
	2	\$ 0	\$ 382.50	\$ 104.25	\$ 538.45
	3	\$ 0	\$ 336.61	\$ 65.78	\$ 339.12
	4	\$ 0	\$ 527.86	\$ 122.21	\$ 623.33
Blue Care Network, SE Michigan	1	\$ 0	\$ 184.11	\$ 46.83	\$ 269.58
	2	\$ 0	\$ 368.23	\$ 94.36	\$ 538.45
	3	\$ 0	\$ 324.04	\$ 59.55	\$ 339.12
	4	\$ 0	\$ 508.15	\$ 110.73	\$ 623.33
Care Choices Health Plan	1	\$ 0	\$ 204.76	\$ 23.76	\$ 269.58
	2	\$ 0	\$ 409.51	\$ 48.21	\$ 538.45
	3	\$ 0	\$ 360.37	\$ 30.48	\$ 339.12
	4	\$ 0	\$ 565.13	\$ 57.22	\$ 623.33
Grand Valley Health Plan	1	\$ 0	\$ 189.82	\$ (n/a)	\$ (n/a)
	2	\$ 0	\$ 379.64	\$ (n/a)	\$ (n/a)
	3	\$ 0	\$ 334.08	\$ (n/a)	\$ (n/a)
	4	\$ 0	\$ 523.91	\$ (n/a)	\$ (n/a)
Health Alliance Plan	1	\$ 0	\$ 182.70	\$ 55.66	\$ 269.58
	2	\$ 0	\$ 366.98	\$ 112.03	\$ 538.45
	3	\$ 0	\$ 322.76	\$ 70.68	\$ 339.12
	4	\$ 0	\$ 507.04	\$ 131.23	\$ 623.33
HealthPlus of Michigan	1	\$ 0	\$ 197.68	\$ 48.68	\$ 269.58
	2	\$ 0	\$ 395.35	\$ 98.07	\$ 538.45
	3	\$ 0	\$ 347.91	\$ 61.88	\$ 339.12
	4	\$ 0	\$ 545.59	\$ 115.04	\$ 623.33

*1 Rates apply to Deferred Retirement Option Plan employees.

*2 Health, dental and vision option codes are: 1= Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family, 5 = Employee Only with Medicare, 6 = Employee & Spouse with Medicare, 7 = Employee with Medicare and Child(ren), 8 = Full Family with Medicare.

*3 Employees who opt out of health or dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health or Preventive Dental Plan.

Department of Civil Service, Employee Benefits Division

FY 2006-2007 GROUP INSURANCE PREMIUM RATES

(Effective October 8, 2006)

PLAN NAME/CODE	Option *2 (a)	BIWEEKLY REGULAR GROUP		BIWEEKLY DROP GROUP *1	
		Employee (b)	State (c)	Employee (d)	State (e)
M-Care	1	\$ 0	\$ 186.25	\$ 0	\$ 245.51
	2	\$ 0	\$ 372.50	\$ 0	\$ 491.01
	3	\$ 0	\$ 327.80	\$ 0	\$ 309.34
	4	\$ 0	\$ 514.05	\$ 0	\$ 568.35
McLaren Health Plan	1	\$ 0	\$ 182.32	\$ (n/a)	\$ (n/a)
	2	\$ 0	\$ 364.63	\$ (n/a)	\$ (n/a)
	3	\$ 0	\$ 320.88	\$ (n/a)	\$ (n/a)
	4	\$ 0	\$ 503.20	\$ (n/a)	\$ (n/a)
Physicians Health Plan (Lansing)	1	\$ 0	\$ 214.84	\$ 107.92	\$ 269.58
	2	\$ 0	\$ 427.99	\$ 216.54	\$ 538.45
	3	\$ 0	\$ 376.26	\$ 136.38	\$ 339.12
	4	\$ 0	\$ 590.33	\$ 250.69	\$ 623.33
Physicians Health Plan (Jackson)	1	\$ 0	\$ 220.93	\$ 116.16	\$ 269.58
	2	\$ 0	\$ 441.85	\$ 233.01	\$ 538.45
	3	\$ 0	\$ 388.83	\$ 146.74	\$ 339.12
	4	\$ 0	\$ 609.75	\$ 269.75	\$ 623.33
Priority Health Plan	1	\$ 0	\$ 190.99	\$ 28.41	\$ 269.58
	2	\$ 0	\$ 382.00	\$ 56.91	\$ 538.45
	3	\$ 0	\$ 336.14	\$ 35.95	\$ 339.12
	4	\$ 0	\$ 527.17	\$ 67.29	\$ 623.33
Total Health Care	1	\$ 0	\$ 126.37	\$ (n/a)	\$ (n/a)
	2	\$ 0	\$ 290.65	\$ (n/a)	\$ (n/a)
	3	\$ 0	\$ 240.10	\$ (n/a)	\$ (n/a)
	4	\$ 0	\$ 341.20	\$ (n/a)	\$ (n/a)
VISION PLANS					
State Vision Plan	1	\$ 0	\$ 2.80	\$ 0.29	\$ 2.65
(State pays 100%)	2	\$ 0	\$ 4.93	\$ 0.48	\$ 4.30
	3	\$ 0	\$ 6.02	\$ 0.67	\$ 6.02
	4	\$ 0	\$ 8.16	\$ 0.86	\$ 7.67
Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	\$.94	\$ 17.81	\$ 1.83	\$ 16.44
	2	\$ 1.71	\$ 32.51	\$ 3.33	\$ 29.97
	3	\$ 2.08	\$ 39.59	\$ 4.07	\$ 36.61
	4	\$ 2.85	\$ 54.22	\$ 5.57	\$ 50.13
Preventive Dental Plan (State pays 100%)	1	\$ 0	\$ 2.99	\$ (n/a)	\$ (n/a)
Employees in the Preventive Dental plan will receive	2	\$ 0	\$ 5.21	\$ (n/a)	\$ (n/a)
a \$100.00 lump sum payment on November 2, 2006.	3	\$ 0	\$ 5.21	\$ (n/a)	\$ (n/a)
	4	\$ 0	\$ 7.42	\$ (n/a)	\$ (n/a)
Midwestern Dental Plan (DMO) (State pays 100%)	1	\$ 0	\$ 15.99	\$ (n/a)	\$ (n/a)
	2	\$ 0	\$ 15.99	\$ (n/a)	\$ (n/a)
	3	\$ 0	\$ 15.99	\$ (n/a)	\$ (n/a)
	4	\$ 0	\$ 15.99	\$ (n/a)	\$ (n/a)
Decline Dental Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

*1 Rates apply to Deferred Retirement Option Plan employees.

*2 Health, dental and vision option codes are: 1= Employee only coverage, 2= Employee & Spouse, 3= Employee & Child(ren), 4= Full Family.

Department of Civil Service, Employee Benefits Division

FY 2006-2007 GROUP INSURANCE PREMIUM RATES

(Effective October 8, 2006)

PLAN NAME/CODE		BIWEEKLY REGULAR GROUP		BIWEEKLY DROP GROUP *1	
	Option	Employee	State	Employee	State
	(a)	(b)	(c)	(d)	(e)
LIFE INSURANCE PLANS					
Dependent Life Options					
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$.20	0	\$.20	0
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$.60	0	\$.60	0
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$ 1.20	0	\$ 1.20	0
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$ 4.00	0	\$ 4.00	0
Child(ren) Only \$10,000	L	\$.75	0	\$.75	0
Employee Life Options					
The Employee Only regular plan is 2 times your annual salary. The State pays 100% of the premium for this plan.					
The Employee Only reduced plan is 1 times your annual salary. Employees enrolled in this plan will receive a biweekly rebate beginning October 19, 2006.					

*1 Rates apply to Deferred Retirement Option Plan employees.

ReliaStar Life Insurance

In addition to the Basic Life Insurance provided by the State of Michigan, you may purchase additional supplemental term life insurance for yourself and/or your family.

The third party administrator is ReliaStar Life. Your biweekly cost of insurance will depend on your age and the amount of insurance you purchase.

During the open enrollment period, you may opt to increase or enroll in the ReliaStar Life Insurance plan. **You must complete and mail or fax the Evidence of Insurability (EOI) form and Life Insurance Enrollment form to the MI HR Service Center no later than August 31, 2006.** Your benefit choice will continue if no changes are made.

Benefit booklets and forms can be found on the Employee Benefits website at www.michigan.gov/mdcs. Click the

"Employee Benefits" link from the left menu then select from the following links on the left menu.

Information is also available on your State Police intranet website located at <http://mspweb.state.mi.us>. Click the "Divisions/Districts" link then "Human Resources Division".

Upon receipt of your EOI form and Life Insurance Enrollment form, the MI HR Service Center will submit the EOI form to the third party administrator. Once determination of insurability has been made, you will be notified of approval or denial by mail.

The MI HR Service Center will then complete the enrollment process for all approvals effective the beginning of the following pay period. If you have any questions regarding this process, please contact the MI HR Service Center at (877) 766-6447.

Reliance Short Term Disability

State Police employees can also enroll in the Reliance Short Term Disability insurance program as part of the on-line enrollment process in MI HR Self-Service. Your benefit choice will continue if no changes are made.

The Reliance Short Term Disability Insurance Plan booklet is available to review at www.michigan.gov/mdcs. Click "Employee Benefits" from the left menu then "Open

Enrollment Information", then select "Required Documentation & Contact Information". You can also access the program booklet from your State Police intranet located at <http://mspweb.state.mi.us>. Click the "Divisions/Districts" link then "Human Resources Division".

If you have any questions regarding this process, please contact the MI HR Service Center at (877) 766-6447.

State Sponsored Group Insurance Plan Benefit Administrators

STATE HEALTH PLAN PPO

BCBSM State of Michigan Service Center

(800) 843-4876

www.bcbsm.com**Blue Care Network, East****Blue Care Network, Great Lakes West****Blue Care Network, Mid-Michigan****Blue Care Network, Southeast**

(800) 662-6667

www.mibcn.com

The open enrollment hotline is (800) 470-9633.

(Available only during open enrollment period.)

Health Alliance Plan

(800) 422-4641

www.hap.org**M-Care**

(800) 658-8878 or (734) 913-2211

www.mcare.org**Physicians Health Plan of Mid-Michigan (Lansing)**

(517) 364-8500 or (800) 832-9186

www.phpmm.org**Priority Health**

(800) 446-5674

www.priority-health.com**STATE VISION PLAN**

BCBSM State of Michigan Service Center

(800) 843-4876

www.bcbsm.com**DENTAL MAINTENANCE ORGANIZATION (DMO)**

Midwestern Dental Plans, Inc.

(800) 544-6374

www.midwesterndental.com**MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION
DRUG PROGRAM (for the State Health Plan PPO)**

Express Scripts, Inc.

(800) 505-2324

www.express-scripts.com**STATE CATASTROPHIC HEALTH PLAN**

BCBSM State of Michigan Service Center

(800) 843-4876

www.bcbsm.com**Care Choices Health Plan**

(800) 852-9780

www.carechoices.com**Grand Valley Health Plan**

(616) 949-2410

www.gvhpcchoosewell.com**HealthPlus of Michigan****Flint** - (800) 332-9161**Saginaw** - (800) 942-8816www.healthplus.com**McLaren Health Plan**

(888) 327-0671

www.mclarenhealthplan.org**Physicians Health Plan of South Michigan (Jackson)**

(517) 787-6865 or (800) 394-7569

www.phpcares.com**Total Health Care**

(313) 871-2000 or (800) 826-2862

www.totalhealthcareonline.com**STATE DENTAL PLAN and PREVENTIVE DENTAL PLAN**

Delta Dental Plan of Michigan

(800) 524-0150

www.deltadentalmi.com**STATE LONG TERM DISABILITY (LTD) PLAN**

Citizens Management, Inc.

(800) 324-9901

**MENTAL HEALTH/SUBSTANCE ABUSE SERVICES
(for the State Health Plan PPO)**

Magellan Behavioral of Michigan

(866) 503-3158

www.magellanassist.com

Michigan Department of Civil Service



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Department of Civil Service
MI HR Service Center
P.O. Box 30002
Lansing, MI 48909



MI HR Service Center

Toll Free: (877) 766-6447
TDD (for the hearing impaired):
(517) 241-8046
Fax: (517) 241-5892



Department of Civil Service
MI HR Service Center
P.O. Box 30002
Lansing, MI 48909

MI HR Self-Service & MI HR Information Website

<http://www.michigan.gov/selfserv>

Employee Benefits Division Website

<http://www.michigan.gov/mdcs>